### STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	yist(s) Tess Kuenni	ng, Kimbe	elly Reeve, Kri	stine Studdard
II. Name of lobb	yist's partnership, firm or	corporation, if any:	•	
Bi State	(Name of partnership, firm or c	e Association)	tion, Tric	
Business Address:	nton Street (Street)	(Town/City)	NH (State)	03304 (Zip Code)
(1003) <u>208) .</u> (Telepho	<u>3830</u> (603	) <u>226. 246</u> (Fax)	e-mail	
	ent covers: (Choose one – fil nse transactions which are i			ay file a separate report for
☐ All reportable	e transactions occurring in the	e months prior to the r	eporting date relative to the	ne following client:
OR	(Full Name of Client as	it appears on the Lobbyi	st Registration Form)	
	•	including the lobbyis	s's family), or the lobbyin	g firm listed below which are
IV. Date of Repo	ort April 26, 2017 activity from date of registration	on to 3/31/17 ac	July 26, 2017   ctivity from 4/1/17 to 6/30/17	,
	October 25, 2017 activity from 7/1/17 to 9/3	0/17 a	January 31, 2018 [] ctivity from 10/1/17 to 12/31	//17
	been no fees received and ked, complete just this form 6			
VI. Check if add	litional reports are attached	l:		
☐ If you have re	eceived fees or made expend	itures, you must file A	ddendum A— Fees and E	xpenses
☐ If you have p Expense Reimbur	oaid an honorarium or reimbu rsement	rsed expenses, you m	ıst file <b>Addendum B</b> – Re	port of Honorariums or
-		e political contribution	s, you must file Addendu	nm C- Political Contributions
I have read R&A	nt/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C an the best of my knowledge and		y swear or affirm that the	foregoing information is true
(Signature of Jab	byist)		1//3// <del>7</del> (Da	RECF!'/E
Jess Ki (Print Name of Id	venning)			APR 2 0 2017

NEW HAMPSHIEE DEPARTMENT OF STATE

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## **Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:**

Name of Lobbyi	ng partnership, firm, or corporation: Bi State Pamary Care Association. I
Name of Client	leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client)	
Date of Report (	
	15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and Idendums submitted with that Statement (insert the number of Addendum forms being
3 Addendu	m A(s).
Addendu	m B(s).
Addendu	m C(s).
	r affirm that the foregoing information on the Statement and each Addendum is true and est of my knowledge and belief.
Len	/ wenner /13/17
(Signature of Yob	oyist) (Date)
Jess Ki	enning
(Print Name of le	obbyist)

# LEASE PRINT

### STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) TESS Kvenning	And the first of the	
II. Name of lobbyist's partnership, firm or corporation, if any:		
Bi-State Primary Care Association (Name of partnership, firm or corporation)	n. Inc.	
III. Name of Client	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grandled by any expenses:	t relations, or public relations services oss fee amount reported shall not be	
a) Total of all fees received in this reporting period	a) \$	
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		
c) Total of all fees received to date (Add lines a and b)	c) \$	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.		
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$_26,373.90	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$ c)\$	
c) Total of all itemized expenditures reported in detail in section VI.	0)\$ 8,550.00	

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 34,923.90
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 34.923.90
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Secretary of State	s50.00
Dupont Group	s 8,000.00
Leg IT Systems, LC	s <u>500.00</u>
<u> </u>	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
And to Boat to Deal Boat (Carelline In the Company)	
I have read RSA 15, RSA 15-B and RSA-664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	4/13/17 (Date)
	(Date)
(Print Name of lobbyist)	

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### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Kimberly Reeve	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bi-State Promony Care Association (Name of partnership, firm excorporation)	in Inc.
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a fer than \$25, but not greater than \$50, expense reimbursement, or politica
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in the COOF and the coordinate of the coordina</li></ul>	a) \$
<ul><li>in a), of \$25 or less.</li><li>c) Total of all itemized expenditures reported in detail in section VI.</li></ul>	6)\$ 50.00
or rotat of all itemized expenditures reported in detail in Section VI.	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$50.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ 50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Secretary of State	s <u> </u>
<i>J</i>	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	april 12, 2017
(Print Name of lobbyist)	. (200)

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### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Kristine Stoddard	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bi State Primary Care Associ	ation, Inc.
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:  a) Total of all fees received in this reporting period	t relations, or public relations services
b) Total of all fees received this calendar year, prior to this reporting period	
(This should equal the total of all prior monthly reports for this calendar years)	
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ 19,564.77
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	0)\$ 50.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 19.614.77
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 19.1014.77
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Secretary of State	s50.00
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	(Date)
Kristine Stoddard	
(Print Name of lobbyist)	

**525 Clinton Street Bow, NH 03304**Voice: 603-228-2830

Fax: 603-228-2464

**BI-STATE PRIMARY CARE ASSOCIATION** 



www.bistatepca.org

61 Elm Street Montpelier, VT 05602

> Voice: 802-229-0002 Fax: 802-223-2336

April 14, 2017

NH Secretary of State's Office State House – Room 204 Concord, NH 03301

To Whom it May Concern:

Enclosed please find Bi-State's report relative to lobbying and government expenses due April 26, 2017.

Bi-State Primary Care Association is a small non-profit who, as part of its mission, performs advocacy and government relations work.

Kristen Stoddard, Kimberly Reeve and Tess Kuenning are employees of Bi-State, who are hired to perform these activities for Bi-State. All expenses included on this report are related to the activities of Bi-State and those employees. Kristine Stoddard is away from the office for an extended period and therefore is unable to sign the attached documents.

Please contact me should you have any questions at 603-228-2830 ext. 122.

Sincerely,

Kimberly Martin

Accounting Department